

Health and Safety Code 11362.5 PHYSICIAN'S STATEMENT

This certifies that _____ is a patient under my medical
care and supervision for the treatment of _____.
print patient's name

Diagnosis

I have discussed the medical benefits and risks of cannabis use with the patient as a treatment for these medical conditions. I recommend cannabis use for my patient.

If my patient chooses to use cannabis therapeutically, I will continue to monitor his/her medical condition and to provide advice on his/her progress.

I understand that I may be contacted to verify the information in this letter. My patient authorizes me to discuss their medical condition and the contents of this letter, for verification purposes only. I am a physician licensed to practice medicine in the state of California.

State guideline is not adequate for patient, allow for more.

Patient's Signature

Physician's Signature

Date

Physician's Name (print)

N.P./P.A. Signature (optional)

Physician CA License No.

N.P./P.A. Name (optional-print)

(street)

(City)

() _____
Phone Number